

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/814225

FILING DATE

APPLICANT(S)

08/18/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	cancel					
5						
6	cancel					
7						
8						
9						
10						
11						
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30						
31						
32						
33						
34	1					
35	1					
36	1					
37		1				
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	84	←		←		←
TOTAL CLAIMS	89					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						